SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stable (Recolling)

APR 200 m 2 S6823 m

Permit #: Refund: Amount Paid: 5-16-17 \$50-515-17 1-0139 555

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT, MORNING CO. ZORING CO.

E is from Shoreline: feet	□ cooking & food prep facilities)	Accessory Building Addition/Alteration (specify) Lean Special Use: (explain) Conditional Use: (explain)	Accessory Building Addit Special Use: (explain) Conditional Use: (explain)	MAY 16 20 7	
Seproperty in Hoodplain Zone? Type of Type of Itary System Property?	□ cooking & food prep faciliti	tion/Alteration (specify) 1	Accessory Building Addi	S 28 7 7	X
S Property in Hoodplain Zone? Yes	□ cooking & food prep faciliti	tion/Alteration (specify) _	Accessory Building Addi	ISSUBIICA	
S Property in Hoodplain Zone? Property?	□ cooking & food prep faciliti			•	Rec'd for
S Property in Hoodplain Zone? Property?		(specify)	Accessory Building (sp	SC	3
Seproperty in Hoodplain Zone? Ves Type of Type of Itary System Pecify Type: Pecify Type: Pecify Type: Peight: /2 Peight: /2 Peight: /2		(specify)	Addition/Alteration (sp	3	
Is Property in Floodplain Zone? Type of Type of iltrary System pecify Type:		red date)	Mobile Home (manufactured date)		The state of the s
S Property in Hoodplain Zone? Yes Type of Itary System Property? Property? Property? Property? Pecify Type:		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or	Bunkhouse w/ (☐ sanitar	\	/ \
Is Property in Floodplain Zone? Type of Strain System pecify Type: Pecify Type: Pecify Type: Pecify Type: Pecify Type: Pecify Type: Pecify Type: Pecify Type: No Pecify Type: Peci		ed Garage	with Attached Garage	luse	Commercial Use
Is Property in Floodplain Zone? Type of System Property? Pecify Type: Pecify Type: Vaulted (min 200 gallon) Contract) Dimensions Height: /2 Height: /2 No No No No No No No No No N		ck	with (2 nd) Deck		
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S Property in Height: /2 Height: /2 Height: /2 Height: /2 X X X X X X X X X	unit, martin de la constantina della constantina	rch	with (2 nd) Porch		
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Is Property in Floodplain Zone? Type of Yes intrary System property? pecify Type:		oring bridges, ever)	with Loft		ţ
Is Property in Floodplain Zone? Type of Itary System Property? Pecify Type: Specify Type: Vaulted (min 200 gallon) contract) Height: 12 Height: 12 Height: 12	H-AAAAAAAAA	structure on property)	Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.)		
Is Property in Floodplain Zone? Type of Interny System pecify Type: pecify Type: pecify Type: pecify Type: Height: 12 Height: 12		Proposed Structure			Proposed Use
Is Property in Floodplain Zone? Type of Property? Type of Property? Property? pecify Type: pecify Type: pecify Type: pecify Type: pecify Type: Property? Height: 12	Width: 12	Length: 54		ruction:	Proposed Construction:
Is Property in Floodplain Zone? Type of Intary System pecify Type:		Length:	Existing Structure: (if permit being applied for is relevant to it)	e: (if permit bein	xisting Structur
Is Property in Floodplain Zone? Type of Interv System property? pecify Type:	None		Z g pou na		
Is Property in Floodplain Zone? Type of Intary System property? Pecify Type: Decify Type:		ā		Property	
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Is Property in It Hoodplain Zone? □ Yes □ Yes It If No Type of ittary System property?		Loft & Year Round		Addition/Alteration	\$ CYES &
Is Property in Floodplain Zone? It Floodplain Zone? Yes It I No Type of Interv System property?	1			☐ New Construction	
Is Property in Floodplain Zone? If Property in Floodplain Zone? Property in Floodplain Zone?	# Sev	nent Use	# of Stories and/or basement	Project	of Completion * include donated time & material
Is Property in Floodplain Zone? The Property in Floodplain Zone? The Property in Floodplain Zone?				*	
Is Property in Floodplain Zone?	Distance Structure is from Sho	If yescontinue —	Is Property/Land within 1000 feet of Lake,		Short Short
90%	The state of the s	If yes—continue —	Creek or Landward side of Floodplain? If yes—continue —	Creek or Land	☐ Shoreland —
9/2	Distance Structure is from Shoreline:	er, Stream (incl. Intermittent)	/Land within 300 feet of Riv	☐ is Property	
Lot Size Acreage	dre	W Town of:	48 N, Range5	28 , Township	Section
Subdivision:	Lot(s) No. Block(s) No.	CSM Vol & Page	Gov't Lot Lot(s)	S.E. 1/4	N.E. 1/4,
Recorded Deed (i.e. # assigned by Register of Deeds Document #:		Tax ID# (4-5 digits)	tion: (Use Tax Statement)	Legal Description:	PROJECT LOCATION
ty/State/Zip): Written Authorization Attached □ Yes □ No	Agent Mailing Address (include City/State/Zip):		cation on behalf of Owner(s))	(Person Signing Applic	uthorized Agent:
Plumber Phone: 人のル そ	Plumber: None	one: 14913	Contractor:	- I - I - I - I - I - I - I - I - I - I	Contractor:
	54806	ASHIAND Wis	**************************************	this Rd	27915 Lat
54806 715 682 4913	TO RSHARD Wis	28305/uthin	NSON	V. Joh	VARK
Telephone:	City/State/Zip:	Mailing Address:		Owner's Name:	Owner's Name:

Owner(s): FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information | (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any resonable time for the purpose of inspection. Authorized Agent: (If there are Multiple Mark The Loth Roam of the Deed All Owners must sign or letter(s) of authorization must accompany this application) Date 128-20

Bro

SUSUE Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Address to send permit

28305 are signir

(If yo

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letter of

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application)

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Hold For Sanitary:	Signature of Inspector:			Was Parcel Legally Created Was Proposed Building Site Delineated Ispection Record:	Granted by Variance (B.O.A.)	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	7:	Issuance Information Permit Denied (Date):	(9)	siy survey acement / surveyed censed su	SetDack to Septic Lank or Holding Lank Setback to Drain Field Feet Setback to Privy (Portable, Composting) Feet Setback to Privy (Portable, Composting) Feet Prior to the placement or construction of a structure within ten (10) feet of the minimum required serback.	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the Dest Lot Line	from the Centerline of Platted Road from the Established Right-of-Way		complete (1) – (8) Setback		(5)	(3) (4)
	ctor:	Town, Committee		Parcel uilding	ice (B.C	b-Stant non Ow on-Con	0139	matio	Stake For 7	ed corner or constru d corner to	Field (Portal	South West	Cente	Desc	ete (1) Setba		Show: Show:	Show Location of (
\mathbb{N}		mittee	2	Legally Site De		dard Lo nership forming	9	00 m	or Ma NO	or marke oction of a o the othe the owne	or Hold ole, Cor	Lot Lin	rline o	Description	- (7) a		Show any (*): Show any (*):	Show Location Show:
$\frac{1}{E}$	N	or Boar	5	Created	Case #:	. □ Yes □ Yes		(County Use	ark Pro TICE: A structic	d by a lice structure ir previous	npostii		f Platte Right-o		neasur			on of (*):
total For TBA:	11	d Cond			7			Jse Or	ypased All Land on Of No	more that survey se.	ng)		d Road		(prior to			
BA: /	\bigvee	itions A		Yes □ No		(Deed of Record) (Fused/Contiguou		Only)	Locati Use Per ew One he loca	eyor at th n ten (10) ed corner,	n (10) feet				(7) above (prior to continuing) (s: (measured to the closest r		(*) We (*) Lak (*) We	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property
		Board Conditions Attached?	Ing.	88		(Deed of Record)(Fused/Contiguous Lat(s))	Pe	Sa Re	ion(s) or mits Ex & Two	e owner's feet but l or verifia	of the m	12 m			<pre>ste (1) - (7) above (prior to continuing) Setbacks: (measured to the closest point)</pre>		ll (W); e; (*) R tlands;	eway :
l		₽ ∴Yes				ot(s))	Permit Da	Sanitary Number: Reason for Denial:	of New pire On Family Village,	expense. ess than ti ble by the	nimum re	308	7 0	Weasurement	int)		*) Sep: iver; (* or (*)	and (*)
Hold F		s □ No	by:			 	Date:	lumber r Denia	Constr e (1) Ye Dwellin City, Si	hirty (30) i	quired set	,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ement			tic Tanl) Strea Slopes	Fronta
Hold For Affidavit:		I	1.			N S S	5-11	- "	uction, er from g: ALL tate or I	feet from	eet eet	Feet Feet	Feet			Mariera	(*) Well (W); (*) Septic Tank (ST); (*) (*) Lake; (*) River; (*) Stream/Creek; (*) Wetlands; or (*) Slopes over 20%	i ge Roa Yur Pro
avit:		(If <u>No</u> they need to be attached.)	700	Wer	Previo □ Yes	Mitiga Mitiga	1-0	Z	take or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbone previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	SetDack to Well SetDack to well be boundary line from which the setback must be measured must be visi	Set 209	Set Set				(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	nertv
		need to	000	Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by ☐ Yes ☐ No	Mitigation Required Mitigation Attached	\geq	Þ	Tank (S te of Iss alities / agencie	um requir	Setback to Well	Setback from Wetland 20% Slope Area on prop Elevation of Floodplain	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff			ST CO THE	n Field *) Ponc	ie Fron:
		be	F	erty Line	inted b	quired ached		<u> </u>	II). Dra Juance i Juance i Juance i Juance i	ed setbac	which the	Area of Floor	om the		Cha		(DF); (tage Ro
Hold For Fees:		ached.)		was I	y Variance	□ Yes		# of be	in field if Const uired T also req	k, the bou	setback	tland on proj oplain	Lake (River, Bank o	Des	Changes in plans must be approv	Twee (FA	*) Ноі)ad)
or Fees				ropert	R R			bedrooms:	(DF), <u>H</u> ruction o Enfor uire pe	indary lini corner wi	nust be m	nd property ain	ordinar Stream or Bluff	Description	plans	The second secon	ing Tai	
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	Dat		Zoning Lakes C Date of	XYes □ Yes	1 1 1	Affidavit Required Affidavit Attached		Sanitary Date:	HT), Pr. t begun n Dwelli	tback mus	sible from		mark)		ved by	Media Peres		
	e of Ap		lassifica Re-Ins			Require Attache		/ Date:	ivy (P),	st be mea	one prev			-	the Ma		(*) Privy (P)	
	Date of Approval:		Lakes Classification (N Date of Re-Inspection:						and <u>W</u> e.	sured mu	/ C		70	Mea	ing 8	Shed to		
1	<u> </u> [13			□ Yes			Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	ack must be measured must be visible from oposed site of the structure, or must be	one previously surveyed corner to the			Measurement	ed by the Maing & Zoning De			
			ぜき	No on o						t be	rner to the	Feet Feet	Feet Feet	THE P	ig Dept.			

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own, City, Village, State or Federal Remits May Also Be Required

completed or if any prohibitory conditions are violated.

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Date

No.	17	7-0	139		<u>.</u>	Issue	d To: M a	ark &	Lynne Joh	nson				-y-twi		
Locatio	n: N	E	1/4	of	SE	1/4	Section	28	Township	48	N.	Range	5	W.	Town of	Barksdale
Gov't Lo	t			L	_ot		Blo	ck	Su	bdivisio	on				CSM#	
Condit	ion(s)):				· · · · · · · · · · · · · · · · · · ·										
														Je	ennifer mi	urphy
NOTE:	This pe work or		-		=		date of issua	nce if th	ne authorized co	nstructi	on		,	Author	ized Issuing	Official
									vithout obtaining ation informatio							
				•			neous, or ind		e. conditions are	not				M	ay 16, 20 ⁻	17

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYTHELD COUNTY, WISCONSIN
Date Stamp (Received)

2017

ENTERD Permit #: Refund: Date: Amount Paid: \$18-D 17-0150

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

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7	22	×			W	Andrews of the state of the sta	Conditional Use: (explain)	Conditiona		
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and anything of the property of the second	1	< ×		***************************************		ture on property)	Principal Structure (first structure on property)	Principal S		
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	7 9 1	ecify Type	xists) Sp	Sanitary (Exists) Specify Type:	_ 3		2-Story	no	Conversion	ナな
* Well		Specify Type:		□ (New) Sanitary	□ 2	X Year Round	1-Story + Loft	Alteration	□ Addition/Alteration	
] A∵City			City	☐ Municipal/City	1	☐ Seasonal	☐ 1-Story	struction	☐ New Construction	
		is on the broberry.		ū	pedioonis					majadar 2, 1
Water	Ĭ	Sewer/Sanitary System	/er/Sanir	Sew	of	Use	and/or basement	ect	Project	* include
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										☐ Non-Shoreland
No	No		feet		מוזימוורב הנומכר	If yescontinue —	is Property/Land within 1990 leet of Lake, Po	y/ Land widin	□ is Proper	
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Are Wetlands	Is Property in Floodolain Zone?	ts Pro	reline : feet	Distance Structure/is from Shoreline : (b)fee	Distance Structi	tream (incl. Intermittent)	liver, S	☐ Is Property/Land within 300 feet of F Creek or Landward side of Floodplain?	☐ Is Propert	
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と い ト ト	Acreage		Lot Size	n		Town of:	N, Range 05 W	8h	, Township	Section 24
						ChE 128		W	1/4	1/4, 6
		sion:	Subdivision:	Block(s) No.	Lot(s) No.	M Vol & Page	<u>s</u>	Gov't L	n	:
	R-	1 #:	Document #:			0301	ATIACHED 0:	Capa ATA	Tee Copy	LOCATION
assigned by Register of Deeds)	74:	Deed (i.e.	Recorded D						,	
□ No	Yes		S.	E 42	LA POINTE WI SHRED	715-747-3300 (715	2	NECSON	みかるロロフ
Written Authorization	Written.	ū	State/Zip)	ess (include City/t	ent Mailing Addr			lication on behalf c	rson Signing Appl	Authorized Agent: (Person Signing Application on behalf of Owner(s))
A rione.	N/A					7(5-747-3300)		COLLONALSNO	STRING	Contractor:
147/065	2 0			b	70x45 1	-	A	7. 13	Hwy.	12040 ST.
Cell Phone:	Cell Phone:			•		City/State/Zip:	City/			pert
15-182-531	75%	SHEPOL	W 5	ASHLAND,		40 ST HWY 13	7,2040	20	DRETTING	2 2 (1)
16:	Telephone:			츙	City/St	Address:				Owner's Name:
OTHER		□ в.о.д.	X SPECIAL USE		CONDITIONAL USE	□ PRIVY □	USE □ SANITARY	- X LAND USE	QUESTED-	TYPE OF PERMIT REQUESTED-

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

(I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying conthis information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Other: (explain)

No III

ust sign or letter(s) of authorization must

accompany this application)

Date

Authorized Agent:

Address to send permit

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A.

Mellon Charl

Attach
Copy of Tax Statement
ty purchased the property send your Recorded Deed

application)

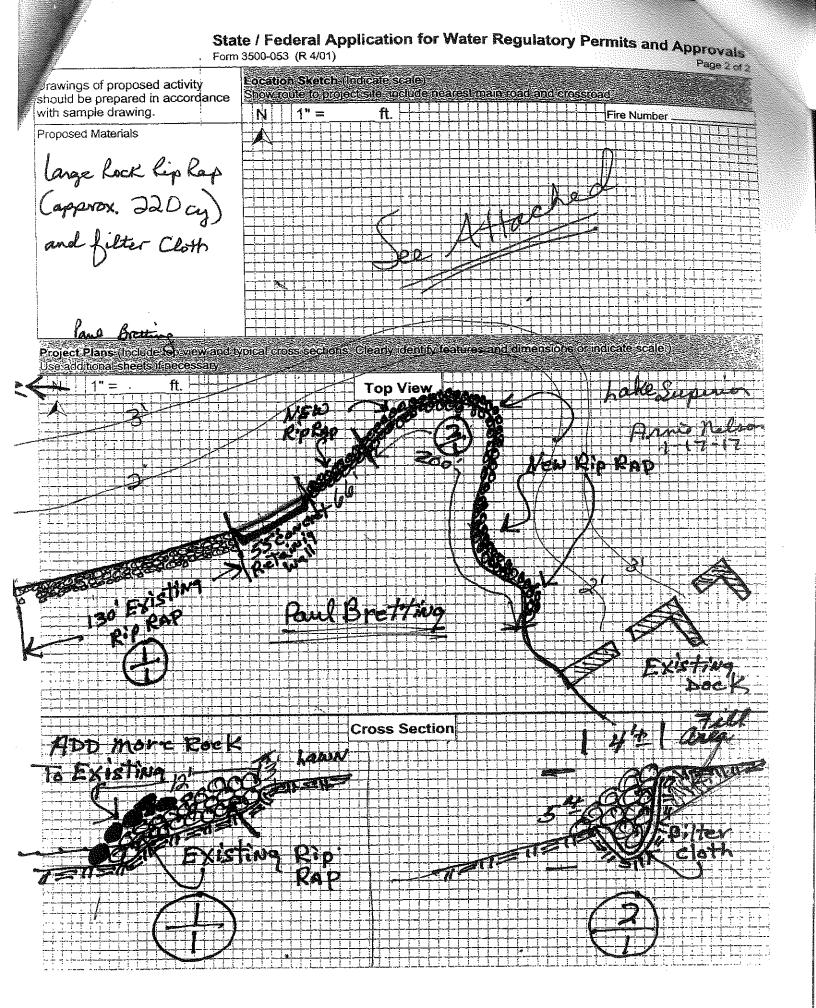
Date

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r(s) a letter of

Hold For Sanitary: Hold For IBA	Signature of Inspector:	Condition(s): Town, Committee or Board Conditions Attached? See Utte, attach	Date of Inspection: 5-217	egally Created	Granted by Variance (B.O.A.) Yes No Case #:	Lot Yes ship Yes ning Yes		Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Location(s) of New Construction. NOTICE: All Land Use Permits Expire One (1) Year from For The Construction Of New One & Two Family Dwelling: ALL The local Town, Village, City, State or I	other previously surveyed corner or marked by a licensed surveyor a Prior to the placement or construction of a structure more than ten (one previously surveyed corner to the other previously surveyed cornarized by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum required	Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)			(1) Show Location of: Prop (2) Show / Indicate: Nord (3) Show Location of (*): (*) E (4) Show: All E (5) Show: (*) V (6) Show any (*): (*) V (7) Show any (*): (*) V
☐ Hold For Affidavit: ☐		Tyes \sqcap No - (If No they need to be Qd	ected by: J C Mun		Previously Granted by Variance ☐ Yes ☐ No	(Pused/Contiguous Lot(s))	Permit Date:	Sanitary Number: Reason for Denial:	take or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (House of Notice: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform The local Town, Village, City, State or Federal agencies may also require permits.	0) feet from t	Feet Setback to Well Feet Feet Feet Feet Feet From which the	Feet Setback from Wetland Feet 20% Slope Area on pro Feet Elevation of Floodplain		Measurement	point)	SEE DRAWINGS		Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:	nate	r attachéd.) WWW	in gen	Was Property Surveyed	by Variance (B.O.A.) Case #:	Yes ONO Affidavit Required Affidavit Attached		# of bedrooms: Sanitary Date:	Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W), the Date of Issuance if Construction or Use has not begun. Municipalities Are Required To Enforce The Uniform Dwelling Code. Federal agencies may also require permits.	ack, the boundary line from which the setback must I m a known corner within 500 feet of the proposed si	setback must be measured must be visi	from Wetland se Area on property n of Floodplain	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be approved by the Planning & Zoning Dept.		:	Road) (*) Holding Tank (HT) and/or (*) Privy (P)
Colonia Charles	of Approval:			□ No		equired		Date:	y (P), and Well (W).	ack must be measured must be visible from roposed site of the structure, or must be	Feet ble from one previously surveyed corner to the	Feet □ Yes □ No Feet	Feet Feet	Measurement	re Planning & Zoning Dept.			y (P)



city, Village, State or Federal May Also Be Required

AND USE - X SANITARY -SIGN -SPECIAL - Class A CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Paul & Terri Bretting 17-0150 No. Par in Town of **Barksdale** 48 W. 24 Range Location: **SW** ½ of SE Section Township N. CSM# Subdivision Block Gov't Lot Lot

For: Residential Other: [Shoreland Grading]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): See letter dated May 18, 2017

This permit expires one year from date of issuance if the authorized construction NOTE: work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Secretarial staff Aquessory Building Addition/Alteration (specify)

Authorized Issuing Official

May 18, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Daib Kamulikace Good 5

Permit #: Date: Refund: Amount Paid: 3:3-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

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2017

□ Shoreland →		Section 19	1/4,	LOCATION	D 1000	ARNOLD ?	Authorized Agent: (Pen	NELSON CO	Optractor:	31235 310	Address of Property:	DAVIEL MURPHY	Owner's Name:	TYPE OF PERMIT REQUESTED—▶	
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	, Township 48 N, Range 04	1/4 Gov't Lot Lot(s)	Legal Description: (Use Tax Statement) (See τορη ΑΤΑΣ-4ΕΔ)		NELSON	Authorized Agent: (Person Signing Application on behalf of Owner(s))	NECSON CONSTRUCTION	***************************************	31235 BIRTH GROVE ROAD		MURPHY		X LAND USE	
ke, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yescontinue	W Town of:	CSM Vol & Page	0100	Tax ID# (4-5 digits)		Agent Phone:	Ö	Contractor Phone:	WASHBURN, WI SYBY!	City/State/Zip:	31235 BIRCH GROWERD.	Mailing Address:	SANITARY □ PRIVY □	9
Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	BARKSDALE	Lot(s) No. Block(s) No.	-		LA POINTE WI SHESD	Agent Mailing Address (include City/State/Zip):	NIA	Plumber:	WI SYRAI		RONE PA, WASHBURN WI SHI	City/State/Zip:	□ CONDITIONAL USE X SPECIAL USE	4
"	-	Lot Size	Subdivision:	Document #:	Recorded Deed (i.e.	20	'State/Zip):	1,100			•	N, W) 34891		CIAL USE 🗆 B.O.A.	
⊠Yes □ Yes □ No	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage		R-	Recorded Deed (i.e. # assigned by Register of Deeds	XYes No	Written Authorization	N/A	Plumber Phone:	612-836-3995	Cell Phone:	3	Telephone:	.д. 🗆 OTHER	

□ Non-Shoreland							
Value at time of Completion * include donated time &	Project	# of Stories and/or basement	Use	of bedrooms	What Type of Sewer/Sanitary System is on the property?		Water
John Child	New Construction	☐ 1-Story	☐ Seasonal	□ 1	☐ Municipal/City	Ž	City
to the state of th	☐ Addition/Alteration	☐ 1-Story + Laft	X Year Round	□ 2	☐ (New) Sanitary Specify Type:		∃ Well
7 25	□ Conversion	☐ 2-Story		□ 3	Sanitary (Exists) Specify Type:	+	
1000	☐ Relocate (existing bldg)	☐ Basement			Privy (Pit) or Vaulted (min 200 gallon)	200 gallon)	
1	Run a Business on	☐ No Basement		☐ None	☐ Portable (w/service contract)		
The same of the sa	Property	☐ Foundation			☐ Compost Toilet		
うっつらい	proposit =			2	None		
	Sod						
Existing Structur	Existing Structure: (if permit being applied for is relevant to it)	r is relevant to it)	Length:		Width:	Height:	
Proposed Construction:	uction:		Length:		Width:	Height:	

Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

Distance Structure is from Shoreline :

Proposed Use	Proposed Structure	Dimensions
	Principal Structure (first structure on property)	(X
	Residence (i.e. cabin, hunting shack, etc.)	×
	with Loft	×
Residential Use	with a Porch	×
PONT TO THE TANK THE PARTY OF T	with (2 nd) Porch	(×
166 0 10 188181	with a Deck	(x
	with (2 nd) Deck	(×
Commercial Use	with Attached Garage	(×
Secretarial State -	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	×
	100	×
	Addition/Alteration (specify)	×
Municipal Use	Accessory Building (specify)	×
	Accessory Building Addition/Alteration (specify)	(×
	A ANTI-	
×	Special Use: (explain) GRADING PERMIT UNIXU	TX XX
	Conditional Use: (explain)	×
	Other: (explain)	(×

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): (If there are Multiple WO W ners must sign or letter(s) of autho accompany this application) Date

Authorized Agent:

blass Tres this

Address to send permit Mai are signing on behalf of the かなるよう owner(s) a letter of 6 St and Contraction

Copy of Tax Statement recently purchased the property send your Recorded Deed

P

Town .

Feet

₹ 8

Sta . Form	te / Federal Application for Water R n 3500-053 (R 4/01)	Regulatory Permits and Approvals
Drawings of proposed activity should be prepared in accordance	Eocation Sketch (Indicate scale) Show coule to project site, include nearest main	Page 2 of 2 Foad and crossroad
with sample drawing.	$\frac{1}{N} \frac{N}{N} = \frac{\text{ft.}}{1} \frac{1}{N} \frac{1}{N} = \frac{1}{N} \frac{1} \frac{1}{N} \frac{1}{N} \frac{1}{N} \frac{1}{N} \frac{1}{N} \frac{1}{N} \frac{1}{N} \frac{1}{N$	Fire Number
Proposed Materials		
ROCK RIPRAP		
FILTER CLOTH		
SEED + HAY		
·		
	ypical cross sections. Clearly identify features and	d dimensions of indicate scale)
Use additional shaet in necessary	Apreals and the second	
N 1" = 0; ft.	Top View	
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12/12		
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May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY –
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0151	<u> </u>	Issue	ed To: Da	aniel I	Murphy & S	uzanı	ne Di	llon		· muran	- National Property of the Control o	
Locatio	n: -	1/4	of -	1/4	Section	19	Township	48	N.	Range	4	W.	Town of	Barksdale
Par in Gov't Lot	t 1		Lot		ВІ	ock	Su	bdivisi	on				CSM#	
Conditi			The second secon				l require additio			Additional ways and the second				
Conditi	ion(s):													
NOTE:	This nerr	nit exn	ires one	vear from	date of issua	ance if tl	ne authorized co	onstructi	on			J€	ennifer Mu	ırphy
110 : L.	work or l						io dati is imod o					Author	ized Issuing) Official
							without obtaining							
	to have b	een m	nisrepres	ented, err	oneous, or in	comple	te.					M	ay 18, 201	17
	i nis peri	nıt ma	y de void	or revoke	еа п апу реп	ormance	e conditions are	HUL					Date	